



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

# **Professional Services Fee Schedule Hospital Outpatient Only Codes**

Effective for Dates of Service on or After  
**July 1, 2006**

Field Key, Codes for Hospital Outpatient Use Only			
Column Title	Column Description	Column Values	Value Definitions
<b>HCPCS CODE</b>	2006 HCPCS code.		2006 HCPCS code.
<b>ABBREVIATED DESCRIPTION</b>	Abbreviated HCPCS description.		Abbreviated description for reference purposes only. Refer to a 2006 HCPCS book for complete description.
<b>Hospital Outpatient Payment</b>	This column indicates the: <ul style="list-style-type: none"> <li>Maximum dollar amount for covered services, or</li> <li>Pricing method for the procedure code</li> </ul>	Dollar Value	Maximum dollar amount payable for covered services.
		By Report	Service paid on a “by report” basis.
		POAC	Service paid using the hospital’s specific percent of allowed charge factor
		APC	Service paid using the appropriate ambulatory payment classification
		Packaged	Service is packaged within the outpatient perspective payment system and is not eligible for additional payment
		Not Covered	Service is not covered
<b>HPI</b>	Hospital Outpatient Payment Indicator	D	Drug fee based on Average Wholesale Price (AWP) or Average Average Wholesale Price (AAWP).
		N	No fee or RVUs available, code paid by alternate method.
		X	Service is not covered for injured workers
<b>FSI</b>	Fee Schedule Indicator	O	Procedure code for hospital outpatient use only.